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\$2.35
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ANTHONY W. BRICK, JR.
(1909-1991)

THOMAS R. ELMER
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March 22, 2010

Niagara Frontier Radiological Assoc.
P.O. Box 8000
Dept. 570
Buffalo, NY 14267-

Re: KELEHER, DANIEL J.
Case No.: 06-03181 MJK

Ladies and Gentlemen:

Enclosed please find a check in the amount of \$2.35 representing approximately 18.27% of your claim in the above listed bankruptcy case.

Thank you for your consideration.

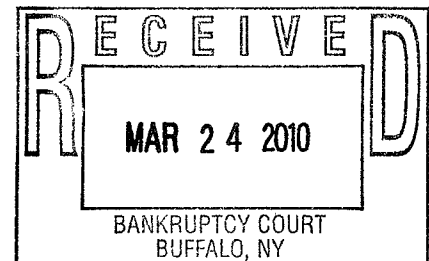
Very truly yours,

BRICK, BRICK & ELMER, P.C.



Daniel E. Brick
Trustee

DEB:tac
Enclosure



UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor
Daniel J. Keleher
Janet I. KeleherCase Number
06-03181-**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.Name of Creditor (The person or other entity to whom the debtor owes money or property):
Niagara Frontier Radiological Assoc.

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



06-03181



19619051

THIS SPACE IS FOR COURT USE ONLY

Name and Address where notices should be sent:

Niagara Frontier Radiological Assoc.
P.O. Box 8000
Dept. 570
Buffalo, NY 14267-0002

Telephone Number:

Last four digits of account or other number by which creditor identifies debtor:

Check here if ☐ replaces a previously filed claim, dated: _____
☐ amends

1. Basis for Claim:

- ☒ Goods sold
- ☒ Services performed
- ☒ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Last four digits of your SS #: _____
- Unpaid compensation for services performed from _____ to _____
- (date) (date)

2. Date debt was incurred:

12-23-05

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 12,822

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).☐ Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

5. Total Amount of Claim at Time Case Filed: \$ 12,822

(unsecured) (secured) (priority) (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

Case

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

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